



# Bethany Busy Bee VBS & Summer Camps 2026 Registration Form

6240 S. Broadway, Centennial, CO 80121 - (303) 468-9521


## PARENT'S INFORMATION:

Father's Name \_\_\_\_\_ Contact Phone# \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Contact Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Main Contact: ☐ Mom ☐ Dad  
Email contact \_\_\_\_\_ Church Home \_\_\_\_\_

**VBS**  
Ages 2½-8 years  
June 16, 17, 18 & 19  
Tuesday thru Friday  
9AM – 12PM  
\$80 per child  
100 spots



**Science Exploration**  
Ages 2½-8 years  
July 7, 8, & 9  
Tuesday thru Thursday  
9AM – 1PM  
\$120 per child  
\*Send a lunch each day.  
50 spots



**Wacky Art**  
Ages 2½-8 years  
July 14, 15, & 16  
Tuesday thru Thursday  
9AM – 1PM  
\$120 per child  
\*Send a lunch each day.  
50 spots



**Theatre Camp**  
Ages 2½-5<sup>th</sup> grade  
July 21, 22, 23, & 24  
Tuesday thru Friday  
9AM – 1PM  
\$160 per child  
\*Send a lunch each day.  
50 spots



## ENROLLMENT INFORMATION:

1. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Gender \_\_\_\_\_  
Camp(s) Enrolling: ☐ VBS ☐ Science Exploration ☐ Wacky Art ☐ Theatre  
Allergies, other Medical Conditions, or Food Preferences \_\_\_\_\_ Place with Friend: \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Gender \_\_\_\_\_  
Camp(s) Enrolling: ☐ VBS ☐ Science Exploration ☐ Wacky Art ☐ Theatre  
Allergies, other Medical Conditions, or Food Preferences \_\_\_\_\_ Place with Friend: \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Gender \_\_\_\_\_  
Camp(s) Enrolling: ☐ VBS ☐ Science Exploration ☐ Wacky Art ☐ Theatre  
Allergies, other Medical Conditions, or Food Preferences \_\_\_\_\_ Place with Friend: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name and phone of someone we can contact in an emergency if we are unable to reach the parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Insurance Information \_\_\_\_\_

1. Names of persons authorized to pick up your child \_\_\_\_\_

2. Name of persons you **DO NOT** want picking up your child \_\_\_\_\_

☺ **Payment secures your spot. Limited spaces are available per camp, first come first enrolled. Register soon!**

## PAYMENT INFORMATION:

☐ **VBS \$80 per child** ~ Total Number of Kids Attending: \_\_\_\_\_ Total VBS Amount \$ \_\_\_\_\_  
☐ **Science Exploration \$120 per child** ~ Total Number of Kids Attending: \_\_\_\_\_ Total Science Amount \$ \_\_\_\_\_  
☐ **Wacky Art \$120 per child** ~ Total Number of Kids Attending: \_\_\_\_\_ Total Wacky Art Amount \$ \_\_\_\_\_  
☐ **Theatre Camp \$160 per child** ~ Total Number of Kids Attending: \_\_\_\_\_ Total Theatre Amount \$ \_\_\_\_\_  
**Total Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check# \_\_\_\_\_ ☐ Cash ☐ CC**